

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/721,443
Filing Date	11-24-2003
First Named Inventor	Bernard H. van Bilderbeek, Houston
Art Unit	3672
Examiner Name	Gay, Jennifer Hawkins
Attorney Docket Number	121947.0010.004

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

<input checked="" type="checkbox"/> Inventor or B. <input type="checkbox"/> Assignee name	Bernard H. van Bilderbeek
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Address

City London	State SW72JE	Zip	Country UK
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Telephone	44 207 589 8555	Email	bvb@posgrip.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Daniel Chapman/
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Name	Daniel Chapman	Registration No. 32726
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Address	112 E. Pecan, #2400
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City San Antonio	State TX	Zip 78205	Country USA
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Date	1/6/2010	Telephone No.	210-978-7700
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NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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Application No. 10/721,443

Filing Date: 11-24-2003

Inventor: Bernard Herman Van Bilderbeek

Art Unit: 3672

Examiner: Gay, Jennifer Hawkins

Reg #	Name	Phone
32776	Adamson, Steven	503-248-0100
26540	Curfiss, Robert	713-752-4322
29197	Miller, Mark	210-978-7700
33743	Nash, William	210-978-7700
45720	Ruble, Richard	281-458-3343
29348	Sisson, Thomas	210-978-7700
45213	White, Cline	210-354-4300